



Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

Re: Attorney Docket No. 1043.001

In re application of: Stephen L. Biracree, Azzedine Touzni, Thomas J. Endres,
Christopher H. Strolle, Samir N. Hulyalkar, and Raúl A. Casas

Serial No.: 09/761,303

Filed: 01/17/01

Group Art Unit: 2631

Examiner: Not yet assigned

#5

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For: Blind Cost Criterion Timing Recovery

AUG 14 2001

TRANSMITTAL OF ERRORS IN FILING RECEIPT

Technology Center 2600

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Accompanying this transmittal is a copy of the Filing Receipt for the above-identified matter. The Filing Receipt contains the following error(s) and the corrections are highlighted as follows:

1. The name of the company for Assignment For Published Patent Application should be "**NxtWave Communications, Langhorne, PA**" instead of "NxtWave Communications, Langhorne, PA".

Changes are noted in red on the accompanying copy of the Filing Receipt.

Respectfully submitted,

Date: July 23, 2001
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* * * * *

Certification Under 37 CFR 1.8

Date of Deposit July 23, 2001.

I hereby certify that this paper and any accompanying papers or fees are being deposited with the U.S. Postal Service with sufficient postage as first class mail under 37 CFR 1.8 on the date indicated above and addressed to the Commissioner for Patents, Washington, D.C. 20231.

Mary E. Caniz
(Name of person mailing)

Mary E. Caniz.
(Signature of person mailing)

UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/761,303	01/17/2001	2631	535	1043.001	12	40	3

CONFIRMATION NO. 3844

22186
MENDELSON AND ASSOCIATES PC
1515 MARKET STREET
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PHILADELPHIA, PA 19102

UPDATED FILING RECEIPT



OC00000006313198

Date Mailed: 07/18/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

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Assignment For Published Patent Application

NxtWave Communications, Langhorne, PA;
COMMUNICATIONS

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/242,306 10/20/2000

Foreign Applications

If Required, Foreign Filing License Granted 04/02/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

** SMALL ENTITY **



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Bib Data Sheet

CONFIRMATION NO. 3844

SERIAL NUMBER 09/761,303	FILING DATE 01/17/2001 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. 1043.001
APPLICANTS Stephen L. Biracree, Jamison, PA; Azzedine Touzni, Doylestown, PA; Thomas J. Endres, Ottsville, PA; Christopher H. Strolle, Fort Washington, PA; Samir N. Hulyalkar, Newtown, PA; Raul A. Casas, Doylestown, PA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/242,306 10/20/2000 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/02/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
ADDRESS 22186				
TITLE Blind cost criterion timing recovery				
FILING FEE RECEIVED 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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